"An Internationally Accredited Agency"



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff 2273 County Camp Road Post Office Box 310 Appling, Georgia 30802-0319 (706) 541-1043

CADET CORPS APPLICATION

PERSONAL INFORMATION

Name					
	First	Middle	Last		
Address					
		Street			
City		State	Ziŗ	 Zip	
Telephone N	lo				
	Home	Pager	Се	II	
SSN		Driver's License #			
Date of Birth		Sex M □ F □			
Height	Weight	Eyes	Hair		
Partent's/Gu	ardian's Name				
		SCHOOL INFORMATION			
Name of Sch	nool		Grade	9	
	li (REFERENCES			
List three adult references. Do not NAME		st relatives. OCCUPATION	PHONE #	YRS. KNOWN	
		MEDICAL INFORMATION			
In case of an	n emergency:				
		Relationship			
		er			
		o, what is the name of the medication			
Please list ar	ny illnesses, allergies, c	or injuries, etc.:			

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, or credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Columbia County Sheriff's Office, its agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Columbia county Sheriff's Office to perform a criminal background investigation and driving history. I hereby release the Columbia County Sheriff's Office, its agents, or representatives, and any entity providing information pursuant to this Authorization and Release of information, from all lliability upon the provision of that information.

CADET	DATE:
SIGNATURE:	DATE:
SIGNATURE	

An Equal Opportunity Employer